



MEMBERSHIP APPLICATION

To become a member, please **fill out this application completely** and submit it with your **membership fee** to PCC Office or mail to:

Paraguayan Cultural Center Inc.
3149 Mount Pleasant St. NW Suite 204
Washington DC, 20010

APPLICANT INFORMATION

Name:

Nationality:

Phone:

e-mail:

Current address:

City:

State:

ZIP Code:

Category of Membership :

Standard
Annual fee \$50.00

Executive
Annual \$ 100.00

Gold
Annual \$ 150.00

I would like to become a member of the Paraguayan Cultural Center Inc. (PCC), and have filled out this application completely and accurately. I am submitting dues of \$_____ along with my application and agree that this information will be held on my record for as long as I am a member.

Applicant Signature: _____

Date: ____/____/____

The information contained within this document is privileged and private between Paraguayan Cultural Center Inc. and the Applicant mentioned above. Information contained within this document will not be given to any third party in any way or by any means whatsoever without the express written permission of the applicant.